

WELL CONSTRUCTOR'S REPORT

WISCONSIN STATE BOARD OF HEALTH

Wel 6

1. COUNTY Ozaukee CHECK ONE ☐ Town ☐ Village ☒ City NAME Cedarburg - SW 1/4 SE 1/4

2. LOCATION (Number and Street or 1/4 section, section, township and range Also give subdivision name, lot and block numbers when available.)
Town 10 N. - Range 21 E Section 35 - Pioneer Road 31st Main Bay Rd

3. OWNER AT TIME OF DRILLING Modern American Home Dev.

4. OWNER'S COMPLETE MAIL ADDRESS 13320 Watertown Plank Rd.

5. Distance in feet from well to nearest: (Record answer in appropriate block)

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C. I.	C. I.	C. I.	SEWER CONNECTED	C. I.
15		30	15	40
CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD
C. I.	TILE			
40	50		60	

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for:

one family home

7. DRILLHOLE

Dia (in.)	From (ft.)	To (ft.)	Dia (in.)	From (ft.)	To (ft.)
10	Surface	20	7	20	197

10. FORMATIONS

Kind	From (ft.)	To (ft.)
clay	Surface	32
gravel	32	38
hard pan	38	58
limestone	58	197

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
7	steel-23/64 ft.	Surface	58

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
clay slurry and lime-stone cuttings	Surface	20
and layers		

11. MISCELLANEOUS DATA

Yield test: 8 Hrs. at 10 GPMDepth from surface to normal water level 2.5 ft.Depth to water level when pumping 4.5 ft.Water sample sent to Madison

laboratory on:

1965Well construction completed on Nov 17 1965Well is terminated 8 inches ☒ above ☐ below final gradeWell disinfected upon completion ☒ Yes ☐ NoWell sealed watertight upon completion ☒ Yes ☐ No

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE

Charles P. Drug

Registered Well Driller

COMPLETE MAIL ADDRESS

4535 N. 76th. Milwaukee 18

Please do not write in space below

COLIFORM TEST RESULT

GAS - 24 HRS.

GAS - 48 HRS

CONFIRMED

REMARKS



0 2 6 5 7 0